

**CLAIMS ONLY**

Application Number.

Filing Date

Applicant(s)

1-5-66

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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50						
Total Indep						
Total Depend						
Total Claims						

750 04

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						